

Exhibit 6: EOB Page Sample



TPA Insurance Company
P.O. BOX 00123
CITY, STATE 12345-1234

Statement date: January 1, 2026

Member: SAMPLE MEMBER
Member ID: XXXXXXXXXXXXXXXX
Group #: 0123456-0000 12345
Group name: North Carolina State Health Plan

SAMPLE MEMBER
123 ADDRESS WAY
CITY, STATE 00000

QUESTIONS? Contact us at www.SHPNC.gov
Call XXX-XXX-XXXX
Or write to the address shown above.

**Paid for by YOU and
other NC TAXPAYERS.**

Explanation of Benefits (EOB) - This is not a bill

This statement is called your EOB. It shows the amount that was billed, your member rate, and your cost share. It also shows the amount you saved and what your plan paid. Look at the statement carefully and make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s). You can change your delivery preference, view, print or download your EOBs online anytime by visiting www.SHPNC.gov.

Track your health care costs

\$0.00 Your share Amount billed \$304.00 Plan's share and discounts - \$304.00 Your share \$0.00	\$74.86 Amount you saved: Going to a provider in the network saves you money. That's because we have arranged discounted rates with these providers. To find a doctor or other health care professional, go to www.SHPNC.gov .	\$0.00 (In-network) Amount you have left to meet deductible Annual deductible \$1,250.00 Deductible used - \$1,250.00 Deductible remaining \$0.00
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Your payment summary

		Your plan paid			Your totals
Patient	Provider	Amount	Sent to	Send date	Amount
Sample Member (self)	Doctors Office	\$229.14	Doctors Office	1/5/26	\$0.00
Total:		\$229.14			\$0.00

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	\$304.00
Member rate/ Allowed amount:	This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate.	\$229.14
Pending or not payable:	Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more.	\$0.00
Deductible:	A cost share amount you pay for covered services before your plan starts to pay.	\$0.00
Coinurance:	When you pay part of the bill and we pay part of the bill. This is the cost share out-of-pocket amount that you may owe.	\$0.00
Copay:	The fixed cost share amount you pay when you visit a doctor or health care provider.	\$0.00
Your share:	The amount you're responsible for after your plan paid it's share. You may have already paid your provider.	\$0.00